

Department of Public Health and Human Services

Quality Assurance Division ♦ 2401 Colonial Drive, 2nd Floor ♦ Helena, MT 59620 ♦ fax: 444-1742

Steve Bullock, Governor

Richard H. Opper, Director

Dear Prospective Adult Day Care Provider:

Thank you for your interest in Adult Day Care Facilities in Montana. This letter is intended to guide you through the licensing process. Adult Day Care Facilities are not required to be reviewed by the Health Planning Program, and therefore do not need a Certificate of Need.

The following items must be submitted to the Licensure Bureau in order to license your facility:

- ☐ A floor plan of the facility documenting the size of all rooms and spaces utilized by the residents. This may be hand drawn as long as dimensions are included. If the bedroom has any built in obstructions, such as a closet or bookcase, measurements are made from the front surface, not from the back. Door-swing areas are not included in the available square footage of the room. Additional requirements in relation to the physical property are found at ARM 37.106.2835 through 37.106.2839 of the Minimum Standards for Assisted Living Facilities (www.dphhs.mt.gov/qad/statutesrules). Please review the rules carefully and determine that your facility meets the conditions set forth in that rule.
- ☐ Local Building Code approval.
- ☐ A completed License Application and fee. The License Application may be downloaded at <http://www.dphhs.mt.gov/qad/adulthooddaycarecenter>. The application must indicate the number of clients to be served.
- ☐ Policies and Procedures, for review and approval. These must be submitted at least forty-five (45) days prior to the expected facility opening date. The rules describing the regulatory requirements for adult day care can be found and downloaded at _____.
- ☐ The Facility Client Agreement, for review and approval. The Client Agreement must meet the requirements found in rule at 37.106.2602(6).
- ☐ If the facility uses well water, please submit a copy of a Certified Laboratory Report of the well water for portability dated within the past year. Please contact your local County Health Department for assistance.
- ☐ If the facility is not on a city sewer system, please submit a copy of the local County Health Department septic system inspection. As a septic system is approved based on the number of bedrooms in a facility, the septic system inspection report must reflect the number of bedrooms (please note – number of bedrooms, not number of residents) in the facility applied for.
- ☐ If the facility is to utilize an electrical security system to monitor and / or restrict client movement, written verification from the installer that the system is installed and functioning as designed.
- ☐ Report of facility fire inspection. Please refer to the State Fire Marshalls website at <http://www.doj.mt.gov/enforcement/fireprevention/default.asp>, and contact the Fire Marshal for your area to determine who will conduct your fire inspection. ***Please note that if your exit doors are to be locked, only single –motion locks will be approved.***
- ☐ A statement from the prospective administrator stating that he / she has reviewed the rules pertaining to adult day care, found at _____.

Upon submission and approval of all the aforementioned information and documentation, the Licensure Bureau will issue a six (6) month provisional license. A facility may not accept clients until it is licensed. A health care facility surveyor from the Licensure Bureau will conduct an on-site survey of the facility within the provisional license period to assess compliance with adult day care regulations. This visit is also an opportunity for the facility to obtain any clarification on those regulations.

If you have further questions, or have questions during the licensure process, the main number for the Licensure Bureau is 444-2676.

Sincerely,

Becky Fleming-Siebenaler
Licensure Bureau Chief
Quality Assurance Division